

SB 1076

An Act Concerning Aid in Dying for Terminally Ill Patients

My name is Ted Loewenthal and I live in West Hartford and I am a retired physician. I am writing in support of SB 1076

I want to thank the members of this Committee who voted the predecessor bill out of committee in the last legislative session. I hope that this year you can persuade your fellow legislators to pass this bill and give the governor a chance to sign it into law.

As a physician I have had the opportunity to see human beings, ordinary people, go through the process of dying. 100 years ago and more, before antibiotics and vaccines and clean water, it was common for people to die at home. So most people were well familiar with seeing loved ones die. Now only medical professionals, first responders and some members of the armed forces typically see dying first hand. I think it is important for those of you in the position to make decisions about this bill to acknowledge your distance from the process of dying.

SB 1076 seeks to empower mentally competent terminally ill adults with individual autonomy at the end of their life. It seeks to empower them with the autonomy to limit their own suffering. It does not empower anyone other than the affected individual to have this control.

It is important to stress that the legislation under consideration here today is modelled on legislation passed in Oregon in 1994, now well over 20 years ago. There is data from these decades of experience and it demonstrates a process which works well; there is no data from Oregon or from other states that have adopted similar legislation indicating that this process has led to abuse. I hope that as this committee considers the claims you may hear about the consequences of passing this legislation that you bear in mind that there is objective data against which to weigh any such claims.

In this regard I am particularly sensitive to the concerns raised by people with disabilities. The experience of Covid 19 in recent years demonstrates vividly how real the concerns of those with disabilities are as they have had to fight against being arbitrarily excluded from medical care. But I would submit that these two situations are wholly different and the one does not shed light on the other.

The rationing of health care which has arisen over the past several years in the context of Covid was an abrupt process devoid of thoughtful safeguards and, frankly, represented the opposite of empowerment. In contrast SB 1076 codifies a deliberative process, initiated only by the affected individual, which takes place over a period of weeks, leading to individual empowerment.

Finally, drawing upon the data from Oregon, I would draw your attention to the fact that very few individuals meet the rigorous safeguards built into the law, and among those who do meet the criteria, fewer still seek out aid in dying medication. Among those who do qualify and are prescribed aid in dying medication, approximately 60% actually ingest the medications, peacefully ending the suffering at the end of their life. About 40% die natural deaths but with the knowledge that they had an option to control their suffering had it become unbearable.

In the years since the Oregon law was passed, 51.9 of every 10,000 deaths have been due to self-administered aid in dying medications, about 0.5% of all deaths.

I know of many people over the course of my medical career who could only wish for this kind of autonomy over their suffering. I know I would feel the same and I suspect most people would feel the same.

Thank you for your attention to this issue. I hope Connecticut will join the other 10 states (plus Washington, DC) which have already passed similar legislation.